

MONTANA

CERTIFICATION BUREAU
STATE SURVEY AGENCY
SPRING CONFERENCE REPORT

March 17, 2008



The Plan for This Afternoon

- **Top Ten LTC Health Survey Citations & How to Avoid Them**
- **Top Ten LTC Life Safety Code Survey Citations & How to Avoid Them**
- **What's New with MDS**
- **Making Your Survey Run As Smoothly As Possible**
- **Reporting Abuse**
- **Questions**



Top Ten Health Survey Citations for FY 07

LTC TOP TEN TAGS MT vs. NATIONAL

	MT 2007	# Tags Written MT	NATIONAL 2007	# Tags Written National
F281 - Comprehensive Care Plans	1	31	4	3507
F371 - Sanitary Conditions/Food Prep and Service	2	24	2	4408
F272 - Comprehensive Assessments	3	21		
F278 - Resident Assessments (Accuracy)	4	20		
F465 - Other Environmental Conditions	5	20		
F444 - Hand Washing	6	20		
F279 - Comprehensive Care Plans	7	17	5	2804
F329 - Unnecessary Drugs	8	16	10	2241
F323 - Accidents	9	16	1	4635
F425 - Pharmacy Services	10	16		
F253 - Housekeeping/Maintenance			6	
F309 Provide Nec. Care for Highest Prac. Well Being			3	3648
F315 Res Not Catheterized Unless Avoidable			7	2401
F314 Proper TX to Prevent/Heal Pressure Sores			8	2358
F441 Facility Establishes Infection Control Program			9	2293

#1 F281

Comprehensive Care Plans

- **Examples of what the surveyors might see**
 - **Expired supplies**
 - **Pressure sores that are not addressed**
 - **Failing to follow physician orders**
 - **Failing to document reasons why prn meds are needed and if they are effective**

Suggestions on How to Avoid This Tag

Provide and record ongoing in-service for professional staff on:

Quality of care issues

Pharmacy review

Quality Improvement activities

#2 F371

Sanitary Conditions/Food Prep and Service

- **Examples of what the surveyors might see**
 - **Using ungloved or contaminated hands to touch/serve food**
 - **Unclean filters, sprinkler heads, oven hoods, etc.**
 - **Improperly stored food items (wrong temperatures, not dated)**

Suggestions on How to Avoid This Tag

Train staff on kitchen sanitation, food storage & glove use
Establish & follow a cleaning schedule & monitor it with QA
Establish temperature logs & monitor with QA

#3 F272

Comprehensive Assessments (RAPs)

- **Examples of what the surveyors might see**
 - **Blanks on the RAPs**
 - **Inadequate assessment of all resident problems and potential problems**

*******Suggestions on How to Avoid This Tag *******

On the RAPs & facility specific assessment forms, complete all the items. Use NA when appropriate instead of allowing an item to remain blank

Show that you have thoroughly reviewed all potential problem areas, not simply the areas triggered by MDS

#4 F278

Resident Assessments (Accuracy)

- **Examples of what the surveyors might see**
 - **Surveyor observations conflict with what is in the written record**

******* Suggestions on How to Avoid This Tag *******

Information obtained during the assessment period should be reflected in the MDS. This will facilitate identifying significant changes (positive and negative)

Focus Quality Improvement activities on comparing the resident condition with what is recorded

#5 F465

Other Environmental Conditions (Public Areas)

- **Examples of what the surveyors might see**
 - **General wear and tear on the building in public areas for staff, residents and visitors**
 - **Ragged carpeting, missing flooring rendering surfaces unable to be cleaned**

******* Suggestions on How to Avoid This Tag *******

Schedule and record routine maintenance

If you vary from the schedule, explain why

Do not ignore an ongoing maintenance plan

#6 F444

Hand Washing



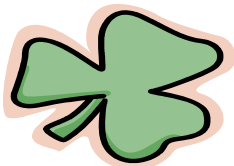
- Examples of what the surveyors might see
Not washing between glove changes
Using soiled gloves when they should have been changed

Suggestions on How to Avoid This Tag

If you rely on sanitizers, check the product information to determine its effectiveness

In-service frequently on hand washing and gloving

Good Luck – This is a common issue



#7 F279

Comprehensive Care Plans

- **Examples of what the surveyors might see**
 - **Care plans not updated to reflect current resident status**
 - **No individualized interventions, cook book care plans that do not address individual/specific resident needs**
 - **Vague objectives that are not measurable, dated or updated**

******* Suggestions on How to Avoid This Tag *******

Compare care plans to physician orders with QA program

Have care plans easily accessible to staff so that revisions can be made easily and as needed

Write measurable objectives

#8 F329

Unnecessary Drugs

- **Examples of what the surveyors might see**
 - **No evidence of gradual dose reductions (GDRs)**
 - **No explanation from the physician when GDRs are not implemented (negative results, etc.)**
 - **Lack of supportive documentation in the clinical records to warrant psychotropic drugs, efficacy, side effects, communication with the physician**

******* Suggestions on How to Avoid This Tag *******

Quality Assurance to review GDR and Drug Regimen Review (DRR) documentation

Maximize Pharmacy contracts – include requirements for DRRs in the contract

*** Remember to involve Pharmacy Services**

#9 F323

Accidents

- **Examples of what the surveyors might see**
 - **Lack of assessment after each fall or trauma event**
 - **Failure to re-evaluate the care plan and interventions after each accident**

******* Suggestions on How to Avoid This Tag *******

Consider the resident's total needs and functioning when assessing the necessary interventions

Perform & document complete neuro checks when a resident has a fall or other head trauma

#10 F425

Pharmacy Services

- **Examples of what the surveyors might see**
 - **Expired medications in the active stock**
 - **Medication refrigerator temperatures not within an acceptable range**
 - **No refrigerator logs for temperatures**
 - **Temperatures recorded on logs as unacceptable but not reported to management**

******* Suggestions on How to Avoid This Tag *******

Keep logs of refrigerator temperatures and indicate who receives the report of an improper temperature

Monitor medication stock monthly for outdated meds

TOP TEN LSC TAGS

MT vs. NATIONAL	MT 2007	# Tags MT	NATIONAL 2007	# Tags Nation
K147 Electrical Wiring & Equipment	1	48	5	3152
K018 Corridor Doors	2	46	1	5487
K038 Exit Access	3	27	4	3306
K062 Sprinkler System Maintenance	4	27	3	3566
K012 Construction Type	5	25	9	2088
K050 Fire Drills	6	23	8	2346
K029 Hazardous Areas - Separation	7	23	2	4158
K025 Smoke Partition	8	20	6	3026
K104 Penetrations for Smoke Barriers	9	18		
K056 Automatic Sprinkler Systems	10	17	7	2979
K069 Cooking Equipment			10	2065

TOTAL TOP TEN TAGS WRITTEN		274		32,173
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K-147

Electrical Wiring & Equipment

Protection of Flexible Cords and Fixture Wires

Flexible cord, including tinsel cord and extension cords, and fixture wires shall be protected against over current by either (a) or (b).

(a) Ampacities. Flexible cord shall be protected by an over current device in accordance with its ampacity as specified in Tables 400-5(A) and (B). Fixture wire shall be protected against over current in accordance with its ampacity as specified in Table 402-5. Supplementary over current protection, as in Section 240-10, shall be permitted to be an acceptable means for providing this protection.

Fuses or Circuit Breakers in Parallel

Fuses and circuit breakers shall be permitted to be connected in parallel where they are factory assembled in parallel and listed as a unit.

Individual fuses, circuit breakers, or combinations thereof shall not otherwise be connected in parallel.

K-18

Door Openings, Self Closures, Positive Latching

- 2000 EXISTING

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3

Roller latches are prohibited by CMS regulations in all health care facilities.

Roller Latches not allowed in hallway doors

- **Title** Compliance Date for Installation of Emergency Lighting and Replacement of Existing Roller Latches
- **Memo #06-08**
- **Posting Date** 03/10/2006
- **Fiscal Year** 2006
- **Summary** The purpose of this memorandum is to notify States and Regional Offices (ROs) of the upcoming dates for nursing homes to comply with requirements concerning emergency light and the replacement of roller latches originally published January 10, 2003, in the Federal Register (Vol. 68, No. 7, page 1374) as a final rule entitled "Medicare and Medicaid Programs; Fire Safety Requirements for Certain Health Care Facilities

K 18 continued

- 2000 New

Doors protecting corridor openings shall be constructed to resist the passage of smoke.

Doors shall be provided with positive latching hardware.

Dutch doors meeting 18.3.6.3.6 are permitted.

Roller latches shall be prohibited. 18.3.6.3

K-18

- Sending a corrected door closure.
- May use the movie feature of a digital camera/cell phone or other recording device.
- Send to MTSSAD@mt.gov noting tag # & facility name.

K-62

Sprinkler System Maintenance

K62 Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

Possible Solution: Establish a working relationship with a sprinkler representative. Ask the representative to conduct an annual preventative maintenance of your system including your fire extinguishers.

K-50 Fire Drills

K50 Fire drills are held at unexpected times under various conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine.

Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership.

Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.
18.7.1.2, 19.7.1.2.

Possible Solution: Review your fire drill forms every two months.

K-29 Hazardous Areas-Separation

- 2000 EXISTING

One hour fire rated construction (with 3/4 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors. Doors shall be self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

Describe the floor and zone locations of hazardous areas that

Area Automatic Sprinkler Separation N/A

- a. Boiler and Fuel-Fired Heater Rooms
- c. Laundries (greater than 100 sq feet)
- d. Repair Shops and Paint Shops
- e. Laboratories (if classified a Severe Hazard - see K31)
- f. Combustible Storage Rooms/Spaces (over 50 sq feet)

K-12 Construction Type

- 2000 EXISTING

Building construction type and height meets one of the following:

19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1

- 1 I (443), I (332),
- 2 II (222) Any Height
- 2 II (111) One story only (non-sprinklered).
- 3 II (111) Not over three stories with complete automatic sprinkler system.
- 4 III (211) Not over two stories with complete automatic sprinkler system.
- 5 V (111)
- 6 IV (2HH)
- 7 II (000)
- 8 III (200) Not over one story with complete automatic sprinkler system.
- 9 V (000)

K-38 EXIT ACCESS

- Exit access is so arranged that exits are readily accessible at all times in accordance with 7.1. & 18.2.1, 19.2.1

Is there a 30 minute rule?

YES! K-38 & 72

- This is discussed during surveyor training. The 30 minutes guideline provides an opportunity for the removal of the obstruction (if over 30 minutes, the obstruction is considered unattended).
- During the survey, it is customary for the surveyor to note the time the item is first noticed and a second time is recorded to document the time if it exceeds 30 minutes.
- Any documentation exceeding 30 minutes will result in a deficiency citation.
- **S&C letter 04-41 Defines unattended obstacles and time limits.**

- No chairs, tables, filing cabinets or carts can be located so as to reduce the width of the corridor to less than the width the corridor was originally constructed. In use (not left unattended for more than 30 minutes) items such as linen carts, medication carts and janitorial equipment.
- A plan must be in place for the removal of these items in the event that an evacuation must take place.

K -56 AUTOMATIC SPRINKLER SYSTEM

- 2000 EXISTING

Where required by section 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7.

Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. 19.3.5, NPFA 13

K-56 Combustible Canopies

- In accordance with 5-13.8.1 of NFPA (1999 ed.) sprinklers shall be installed under exterior roofs or combustible canopies that exceed four feet in width.

K-74 COMBUSTIBLE FABRICS

- Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in nursing facilities shall be in accordance with provisions of 10.3.1 and NFPA 13 Standard for the Installation of Sprinkler Systems. Except shower curtains shall be in accordance with NFPA 701

Newly introduced upholstered furniture shall meet the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.1. 18.3.5.3 and NFPA 13.

Newly introduced mattresses shall meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) and 10.3.4. 18.7.5.3, 19.7.5.3.

Newly introduced upholstered furniture and mattresses purchased since March, 2003.

Possible Solutions:

- Create an informational brochure for family members instructing them about decorations (e.g. curtains and hanging quilts). These items must be treated with an approved fire retardant.
- Create a check sheet to monitor reapplying fire retardant to items that have been laundered.

K-46 EMERGENCY LIGHTING

- Emergency lighting of at least 1 1/2 hour duration is provided in accordance with 7.9. 18.2.9.1, 19.2.9.1.
- Possible Solution: Develop a check sheet that indicates the battery has been tested per NFPA guidelines (monthly and annually). Keep spare batteries and lamps readily available for replacement in the event of a failure.

K-76 MEDICAL GAS SYSTEM

- Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities.
- (a) Oxygen storage locations of greater than 3,000 cu. ft. are enclosed by a one-hour separation.
- (b) Locations for supply systems of greater than 3,000 cu. ft. are vented to the outside. NFPA 99, 4.3.1.1.2, 18.3.2.4, 19.3.2.4

Potential Problems Related to K-76

- Loose cylinders in rooms, offices and storage rooms.
- Possible Solution: have a written policy in place informing staff where empty cylinders are to be stored.
- Possible Solution: Establish a holding rack designed to secure these cylinders in an upright position. Can be made in-house.

K-76 Indoor storage

- Room has a 1-hour rated enclosure with 3/4 –rated door that can be secured.
- Switches & outlets must be 5 feet above the floor of the storage area.
- A sign that says “No-smoking” must be posted in the storage area.
- Room has continuous natural or dedicated mechanical ventilation to the outdoors. Natural ventilation requires equal or greater than 73 sq. in. opening.
- No ignition sources in the room.
- No air compressors or vacuum pumps in rooms.

- **Title** Medical Gas Storage and Usage Considerations **Memo #07-10**
- **Posting Date** 01/12/2007
- **Fiscal Year** 2007
- **Summary**
- 1) When properly secured, up to 300 cubic feet of nonflammable medical gas may be accessible to use as operational supply rather than storage.
- 2) A portable container of medical gas (O₂) placed in a patient room for PRN use; individual use is not required to be stored in an enclosure, when properly secured.

K-141

Why do we need to post the room as **NO SMOKING** when the outside doors are posted?

- CMS policy requires the creation of an **Oxygen Administration site when residents use oxygen in their rooms**
- Possible Solution: post a **NO SMOKING Oxygen is in Use** sign on all rooms where Oxygen is utilized .

Conclusion

- Create a maintenance check list for personnel to use on a predetermined time line.
- Have a primary and secondary plan in place (i.e: in the event of illness, vacation, meetings).
- Encourage staff and residents to point out items that need addressing i.e: burned out Exit bulbs.
- Refer to NFPA 101 for information we use to conduct our surveys notably Chapter 19 and any additional referenced codes.

- <http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp>
- CMS site where you can download additional information regarding policies used during surveys.
- Roller Latches- S&C -03-21, S&C – 06-08
- Additional NFPA referenced Codes for surveys S&C-04-29
- Waivers S&C-04-33
- Maintaining corridor width S&C-04-41

- Battery powered smoke Detectors S&C-05-25
- Sprinkler protection for wardrobes, canopies, and defining a public way. S&C-05-38, S&C-07-05, S&C-07-29.
- Location of Alcohol Based Hand rubs S&C-07-01
- Door Gaps S&C-07-18
- Oxygen stored in facilities S&C-07-10

Completing your POC

- The individual completing the plan of correction should follow this format:
- WHO: Can this citation affect? Is going to be responsible for assuring the correction is made?
- What: Steps will be implemented to ensure a deficiency does not reoccur? (SOP/SOG, monthly/quarterly reports)
- Where: Is the correction going to take place? (location)
- How: List steps that will be implemented to ensure the deficiency does not reoccur. Training, guidelines inspections etc.
- When: Time line for corrections to be completed or waivers requested (as deemed necessary).

REVISITS & FOLLOW-UP

- First step requires an acceptable POC. Once the facility receives the acceptable POC correspondence, the revisit survey can be conducted through the following methods:
 - Facilities having a means of creating a digital picture can send it electronically to the state agency.
 - Send developed pictures to:
PO Box 202953, Certification Bureau, QAD,
Helena, MT 59620-2953
 - Video (camera or cell phone)
 - Scanning or fax capability. (Faxes generally arrive extremely dark).
 - Send requested documents, digital pictures, or videos to the Certification Bureau at MTSSAD@mt.gov
 - Faxes can be sent to (406) 444-3456
 - Please do not send your camera's disk.

MDS Questions & Concerns



1. Assessment Types

- OBRA: Admission, Annual, Significant Change, Significant Correction of Full Assessment, Quarterly Assessment
- PPS: Medicare 5 day, 14 day, 30 day, 60 day, 90 day, other Medicare required assessment (OMRA), readmission/return
- Discharge Tracking
- Reentry

2. Correction Procedures

Modification

Inactivation

3. Section P.4 Devices and Restraints

Requests for Restraints

Restraints Prohibited

Assessment (Effect of the device is assistive, a restraint or both)

Reason for Device

Appropriateness of Restraint

Immobile Residents

4. Error Messages

Validation Reports

MDS 2.0

http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp#TopOfPage

MDS downloads

<https://www.qtso.com/mdsdownload.html>

Resident Assessment Inventory

- See handout

MDS Assessment Schedule

- See handout

- See MDS handout Section AA

K50 - Fire Drills, Evacuation and Relocation

Minimum Requirements are found in NFPA 101–
19.7.1-3

Once/quarter/shift, if the drills are failed it may take more drills to achieve compliance

- Month/day/year/time required on the form
 - Be consistent with time all military or all standard
- Day and afternoon drills – all parts of the alarm system have to be tested. Paper work should indicate whether the alarms were sounded or not
- Night shift drills may be silent, all parts of the system must be checked within 24 hours of the drill
- Drill requirements apply to all employees

K50 - Written Fire Safety Plan

NFPA 101-19.7.2.2

- Shall Provide The Following:
 - Use of alarms
 - Transmission of alarm to fire department
 - Response to alarms
 - Isolation of fire
 - Evacuation of immediate area
 - Evacuation of smoke compartment
 - Preparation of floors and building for evacuation
 - Extinguishment of fire

K56 - Sprinkler Service Reports

NFPA 101-9.7.1 (NFPA 13)

- Required quarterly on all wet and dry sprinkler systems
- Readings for static and residual pressures
- Dry system trip testing on valves annually
- Full flow tests on dry systems annually
- Antifreeze loops tested annually
- Water pressure drop/low pressure switches tested annually

K 154 & 155 - Fire Watch

NFPA 101-9.6.1.8

- When a required fire alarm system is out of service for more than 4 hours in a 24-hour period:
 - The authority having jurisdiction shall be notified
 - Building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service

K52 - Fire Alarm & Detection System

NFPA 101-9.6.1

- Must be serviced annually
- Dampers tested during drills
 - Requirement is that all dampers are tested once in four years
- Sensitivity testing on all components of the alarm system
 - Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. (NFPA 72 7-3.2.1)

K69 - Kitchen Hood Extinguishing System

NFPA 96-9.2.3

- Serviced twice annually by a licensed professional
- Cleaned twice annually
- 40 BC or K-type portable extinguisher is required in the kitchen area. A placard identifying the use of the extinguisher as a secondary backup means to the automatic fire suppression system shall be conspicuously placed near each portable fire extinguisher in the cooking area. Class B gas-type portables such as CO2 and Halon shall not be permitted in kitchen cooking areas
- Links must be changed at least annually
- Hood system must be interfaced with the Fire Alarm Control Panel (FACP)
- Fuel Shutoff - Upon activation of any fire-extinguishing system for a cooking operation, all sources of fuel and electric power that produce heat to all equipment requiring protection by that system shall automatically shut off
- Bulbs must be in clean condition

K64 - Portable Fire Extinguishers

NFPA 10-4.4

- Serviced by a licensed professional annually
- Every 6 years, stored-pressure fire extinguishers that require a 12-year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures.
 - Exception: Non-rechargeable fire extinguishers shall not be hydrostatically tested but shall be removed from service at a maximum interval of 12 years from the date of manufacture
- Monthly checks by maintenance staff with month and day indicated on the tag for each month after the annual service date
 - Maintenance log identifying the location of all portable extinguishers
- Portable fire extinguishers shall be maintained in a fully charged and operable condition, and kept in their designated places at all times when they are not being used

Portable Fire Extinguishers continued

- Fire extinguishers shall be conspicuously located where they will be readily accessible and immediately available in the event of fire
Preferably they shall be located along normal paths of travel, including exits from areas
- Cabinets housing fire extinguishers shall not be locked. (Exception) Where fire extinguishers are subject to malicious use, locked cabinets shall be permitted to be used, provided they include means of emergency access

Portable Fire Extinguishers continued

- Fire extinguishers shall not be obstructed or obscured from view. (Exception) In large rooms, and in certain locations where visual obstruction cannot be completely avoided, means shall be provided to indicate the location
- Portable fire extinguishers other than wheeled types shall be securely installed on the hanger or in the bracket supplied or placed in cabinets or wall recesses. The hanger or bracket shall be securely and properly anchored to the mounting surface in accordance with the manufacturer's instructions

Portable Fire Extinguishers continued

- Fire extinguishers installed under conditions where they are subject to physical damage, (e.g., from impact, vibration, the environment) shall be adequately protected
- Fire extinguishers having a gross weight not exceeding 40 lb (18.14 kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft (1.53 m) above the floor. Fire extinguishers having a gross weight greater than 40 lb (18.14 kg) (except wheeled types) shall be so installed that the top of the fire extinguisher is not more than 3 1/2 ft (1.07 m) above the floor. In no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 in. (10.2 cm)

Portable Fire Extinguishers continued

- Extinguisher operating instructions shall be located on the front of the extinguisher and be clearly visible. Hazardous materials identification systems (HMIS) labels, six-year maintenance labels, hydro test labels, or other labels shall not be located or placed on the front of the extinguisher
- Fire extinguishers mounted in cabinets or wall recesses shall be placed so that the fire extinguisher operating instructions face outward. The location of such fire extinguishers shall be marked conspicuously

K144 - Maintenance of Alternate Power Source – NFPA 99-4.4.1.1

- The generator set shall supply back-up power service within 10 seconds of activation
- Generator shall be tested 12 times a year with testing intervals between no less than 20 days or exceeding 40 days
- Test under load conditions (30 minutes minimum) shall include a complete simulated cold start and appropriate automatic and manual transfer of all essential electrical system loads
- A written record of inspection, performance, exercising period, and repairs shall be maintained and available for inspection by the authority having jurisdiction (AHJ)
- Battery back-up lighting is required at the generator set location and the transfer switch location, monthly (15 seconds) and annual (90 minutes) testing of batteries are required

Abuse Reporting

Test Your Knowledge

1. What tag would be cited if one special care unit resident assaults another special care unit resident?

F223 F221 F323 F324 F224

2. To whom does the administrator report a licensed nurse who allegedly took a resident's Christmas gift of perfume?
- a. County Attorney
 - b. Board of Nursing
 - c. Certification Bureau
 - d. Local Ombudsman
 - e. Law Enforcement
 - f. All of the Above

3. When is a nursing facility required to report under F225 a resident who has fallen and sustained no injuries?
- a. Within 24 hours of the incident
 - b. Never
 - c. If they feel guilty
 - d. The family has called an attorney

4. When a resident with capacity is unaccounted for and believed to have left the nursing facility unattended, when does a facility have to report this event to the Certification Bureau?
- a. Never
 - b. Only if there is an injury to the resident
 - c. Only if the resident leaves facility property
 - d. Within 24 hours

5. What tasks are required of surveyors during the survey to complete task 5G?
- a. Interviews with direct care workers
 - b. Pre-survey review of ACTS incidents
 - c. Review of facility's abuse investigations onsite
 - d. Phone call to the local ombudsman
 - e. All of the above

What is the federal definition of abuse?

“Abuse” means the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.” 42CFR §488.301

7. List Seven different types/forms of abuse

8. At what point do the federal regulations hold the nursing facility responsible for abuse allegations?
- a. At the moment it happens
 - b. At the moment the Administrator knows about it
 - c. Within 24 hours
 - d. At the moment the facility calls the Certification Bureau

9. Is a nursing facility federally required to report abuse allegations to the local ombudsman?

10. Is a nursing facility federally required to report abuse allegations to the nurse aide registry program?

Yes

No

11. What information is required when the facility calls the hotline to report an abuse allegation or injury of unknown source? Name 10.



QUESTIONS, CONCERNS COMMENTS?

Let us know

406-444-2099

MTSSAD@mt.gov

The best place to find the latest information is on our
website

<http://www.dphhs.mt.gov/qad/certindex.shtml>

Quality Assurance Division Certification Bureau



Jill Caldwell, Bureau Chief

Glenn Davis, Fire Life Safety Supervisor

Kathleen Moran, Surveyor Supervisor

Quality Assurance, MDS Supervisor

LaDawn Whiteside, Surveyor Supervisor,

Complaints, Nurse Aide Training Program